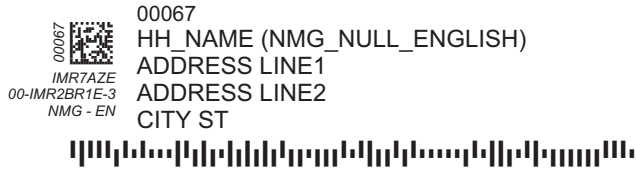




State of Illinois  
Department of Healthcare and Family Services  
Department of Human Services  
**Illinois Medicaid Redetermination**



February 12, 2014

Case ID: 066066010011Y

Dear HH\_NAME (NMG\_NULL\_ENGLISH),

**It is time to renew your medical coverage!**

It's time for renewal, also known as "redetermination" or "re-de."

**Here's what to do:**

1. Answer all questions on this form.
2. Make sure all the information is correct. If any information is wrong, cross it out and write in the correct information.
3. Sign this form at the bottom of **page 4**.
4. Attach proof documents for income and expenses and other proofs we ask for.
5. Send your signed form and all proofs by **February 25, 2014**.

**Send your form and proofs to us one of these ways:**

- **Fax** your form and proofs to 1-866-661-7025
- **Mail** your form and proofs in the envelope that we sent you
- **E-mail** your form and proofs to [www.medredes.hfs.illinois.gov](http://www.medredes.hfs.illinois.gov)

**Your medical benefits may end if you do not send your proofs by February 25, 2014.**

Call us at 1-855-458-4945 (TTY: 1-855-694-5458) if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

Thank you,

Illinois Medicaid Redetermination

**Questions?** Call **1-855-458-4945** (TTY: 1-855-694-5458). The call is free!  
Monday to Friday from 7 a.m. to 7:30 p.m. and Saturday from 8 a.m. to 1 p.m.  
E-mail us at **[www.medredes.hfs.illinois.gov](http://www.medredes.hfs.illinois.gov)** or send a fax to 1-866-661-7025.  
Tenemos información en español. ¡Servicio de intérpretes gratis!  
Llame al 1-855-458-4945.



Redetermination Notice (Non-MAGI)  
02/14 - NMG - EN - 1  
20440212.999990000100 - 991010101  
26 - 74910



## Medical Renewal Form

### 1. Do these people still live with you?

MEMBER NAME1

01/01/1999

☐ Yes ☐ No

### 2. Tell us about anyone else who lives with you:

**Name**

*First, Middle, Last, Suffix (Jr., Sr., II or III)*

**Date of birth**

*(month/day/year)*

**Relationship to you**

*(for example: spouse, child, parent)*

Name:

Date of birth:

Relationship:

Name:

Date of birth:

Relationship:

Name:

Date of birth:

Relationship:

Name:

Date of birth:

Relationship:

### 3. Did you or anyone living with you get new health insurance in the last year? ☐ Yes ☐ No

**If yes**, name of insurance plan: \_\_\_\_\_ Policy number: \_\_\_\_\_

Who is covered by this health insurance? \_\_\_\_\_

Name of insurance plan: \_\_\_\_\_ Policy number: \_\_\_\_\_

Who is covered by this health insurance? \_\_\_\_\_



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**4. Do you and everyone living with you still get this income from these sources?**

Salary, wages, and tips for everyone .....	Total per month: <b>\$ 1111.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(total before taxes are taken out)</i>		
Self-employment income for everyone .....	Total per month: <b>\$ 2222.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(profit once business expenses are paid)</i>		
Unemployment for everyone.....	Total per month: <b>\$ 3333.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security for everyone .....	Total per month: <b>\$ 4444.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI) for everyone...	Total per month: <b>\$ 9999.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Compensation benefits for everyone.....	Total per month: <b>\$ 1199.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans benefits for everyone.....	Total per month: <b>\$ 2299.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pension or retirement income for everyone.....	Total per month: <b>\$ 5555.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal support or child support received by everyone.....	Total per month: <b>\$ 6666.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rental fees or royalties for everyone.....	Total per month: <b>\$ 7777.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other income for everyone .....	Total per month: <b>\$ 3399.99</b>	Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No

➡ **If you checked no** for any income, write the correct amount in the next section.

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**5. Do you or anyone living with you get other income? Check all that apply.**

<input type="checkbox"/> Salary, wages, and tips	How much?	How often?
<input type="checkbox"/> Self-employment	How much?	How often?
<input type="checkbox"/> Unemployment	How much?	How often?
<input type="checkbox"/> Social Security	How much?	How often?
<input type="checkbox"/> Supplemental Security Income (SSI)	How much?	How often?
<input type="checkbox"/> Workers' Compensation benefits	How much?	How often?
<input type="checkbox"/> Veterans benefits	How much?	How often?
<input type="checkbox"/> Pension or retirement income	How much?	How often?
<input type="checkbox"/> Spousal support or child support	How much?	How often?
<input type="checkbox"/> Inheritance or trust fund	How much?	How often?
<input type="checkbox"/> Rental fees or royalties	How much?	How often?
<input type="checkbox"/> Other: _____	How much?	How often?

➡ *Attach proof of the amount for any income received in the last 30 days.*



**6. Do you or anyone living with you pay any of these expenses?** *Check all that apply.*

<input type="checkbox"/> Spousal support or child support	How much?	How often?
<input type="checkbox"/> Child care expenses	How much?	How often?
<input type="checkbox"/> Employment expenses	How much?	How often?
<input type="checkbox"/> Other: _____	How much?	How often?

➡ *Attach proof of all expenses paid in the last 30 days.*

**7. Do you or anyone living with you still own these resources (assets) with these values?**

Cash and bank accounts.....	Total <b>\$ 1111.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life insurance (cash value).....	Total <b>\$ 2222.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burial fund or trust fund.....	Total <b>\$ 3333.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car, truck or motor vehicle.....	Total <b>\$ 8888.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other property or land.....	Total <b>\$ 5555.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual funds, stocks, bonds.....	Total <b>\$ 4444.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
401(k), IRA or Keough accounts.....	Total <b>\$ 7777.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other resources.....	Total <b>\$ 6666.00</b>	Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

➡ *If you checked **no** for any resources, write the correct values in the next section.*

**8. Do you or anyone living with you own other resources (assets)?** *Check all that apply.*

<input type="checkbox"/> Cash and bank accounts	What is the value?	\$ _____
<input type="checkbox"/> Life insurance (cash value)	What is the value?	\$ _____
<input type="checkbox"/> Burial fund or trust fund	What is the value?	\$ _____
<input type="checkbox"/> Car, truck or motor vehicle	What is the value?	\$ _____
<input type="checkbox"/> Other property or land	What is the value?	\$ _____
<input type="checkbox"/> Mutual fund, stocks, bonds	What is the value?	\$ _____
<input type="checkbox"/> 401(k), IRA or Keough accounts	What is the value?	\$ _____
<input type="checkbox"/> Other: _____	What is the value?	\$ _____

➡ *Attach proof showing who owns these resources and the current value.  
You do not need to attach proof of the value of your vehicle or your home.*



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**9. Read and sign below:**

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Today's date

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**10. Remember!** Make sure you answered all questions and signed the form.

- ➡ Send this form to us with all proofs by **February 25, 2014.**